| Billed Entity Applicant #: 131976 | Applicant s Form Identifier: | DMPS4710101 |
|--------------------------------------|------------------------------|-------------|
| Contact Person: Greg Davis | Phone Number: 515-242-7773 | |
| BLOCK 5: Discount Funding Request(s) | Page 60 of | 319 |

| FRI | N # | (to be assigned by | admini | strator) | |
|-----|--|---|--------|---|---------------------------------------|
| 11 | Category of Service (only ONE category of Services O Telecommunications Services | egory should be checked) | 15 | Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48A |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A |
| | | · | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 |
| 13 | SPIN – Service Provider Identification Number: | 143005447 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 |
| | | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A |
| 14 | Service Provider Name | Pomeroy Computer Resources, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 |
| 21 | Description of this Service: | You MUST attach a description of the service, including relevant brand names. Label this description with an At | | n of components and costs, plus any | elow. Attachment # <u>USFATCH0101</u> |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this s | 934 | | |
| | | b. If the service is shared by all entities on a Block 4 (e.g. A-1) | | | |
| 23 | Calculations | | | | |

| | Recu | rring Charges | | | Nor | -Recurring C | harges | Total Charges | | | | | |
|---|---|--|---|--|--|--|---|---|---|---------|---|---|---|
| A | В | В С | | C D | | E | D E | | G | Н | I | J | К |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & II) | % discount (from Block 4 worksheet) Funding Commitment Request (I x J) | | | | |
| 0 | 0 | 0 | 0 | 0 | 10,000 | 0 | 10,000 | 10,000 | 60% | \$6,000 | | | |

| Billed Entuy Applicant #: 131976 | Applicant's Form Identifier: DMPS4710101 | |
|--------------------------------------|--|--|
| Contact Person: Greg Davis | Phone Number: 515-242-7773 | |
| BLOCK 5: Discount Funding Request(s) | Page 61 of 319 | |

| FRI | N # | (to be assigned b | y admini | strator) | |
|-----|---|--|------------|--|------------------------------|
| 11 | Category of Service (only ONE cat O Telecommunications Services | egory should be checked) | 15 | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48A |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 |
| 13 | SPIN - Service Provider Identification Number: | 143005447 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 |
| | | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A |
| 14 | Service Provider Name | Pomeroy Computer Resources, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 |
| 21 | Description of this Service: | You MUST attach a description of the service, including relevant brand names. Label this description with an A | | | ow. Attachment # USFATCH0101 |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this | 31 | | |
| | | b. If the service is shared by all entities on a Block 4 (e.g. A-1) | worksheet, | list the worksheet number: | |
| 23 | Calculations | | | | |

| • | Recu | rring Charges | | | Nor | n-Recurring C | harges | Total Charges | | | |
|---|---|--|---|--|--|--|--|--|---|--|--|
| A | В | С | C D | E | F | G | Н | I | J | K | |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one- time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| 0 | 0 | Ö | 0 | 0 | 10,000 | 0 | 10,000 | 10,000 | 60% | \$6,000 | |

| | | pplicant #: 13 | 1976 | | | | Applicant's F | Form Identi | fier: DMI | PS4710101 | | | |
|-------|--|--|---|------------------------|---|--|--|---|---|--|---|-------------------|--|
| Cont | act Person | Greg Dav | vis | | | | Phone Numb | er: 515- | 242-7773 | | | | |
| BLC | OCK 5: Di | scount Fundin | g Reques | t(s) | | | | Pag | ge 62 of 319 | | | | |
| nstru | er the comp | e one Block 5 pag pleted pages to as | ge for EAC sure that th | H service ey are al | e (Funding l | Request Num correctly. | ber) for which y | you are reque | esting discounts. Ma | ake as many copi | es of this page a | is necessary, and | |
| R | N # | | | | <u> </u> | (to be | e assigned by | administ | trator) | | | , | |
| 1 | | of Service (only only only only of the contractions of the contraction of | Ū | ory shoul | | ed) • Internal C | Connections | 15 | Contract Number (if "T" if tariffed service, month-to-month servi described in instruction | , "MTM" if ices as | RFP #00-48A | | |
| 2 | Form 470 | Application Nu | ımber: | | 7043 | 34000029662 | 0 | 16 | Billing Account No (e.g. billed telephon Allowable Vendor So | umber: ne number) | N | /A | |
| | | | | | | | | 17 | Contract Date: (mm | | 12/12 | /2000 | |
| 3 | | rvice Provider tion Number: | | | 1 | 143005447 | | 18 | Contract Award Dat (mm/dd/yyyy) | | 01/12/2001 | | |
| | | | | | | | | 19a | Service State Date (n | | 07/01 | | |
| | Service Pr | ovider Name | | Po | merov Co | mputer Reso | urces. Inc. | 19b 20 | Service End Date (m Contract Expiration | | | /A //2002 | |
| | D | 6.01.0 | | | | | | | (mm/dd/yyyy) | | | | |
| 1 | Descriptio | n of this Service: | | | | | | | of components and co nd note number in space | | Attachment # | USFATCH010 | |
| 2 | Entity/Ent Service: | tities Receiving thi | _ | Numl b. If the | ber of the ent service is sh | ity from Block | 4 receiving this s | service. | by others), list the En | | | | |
| 3 | Calculatio | ns | | (e.g. | A-1) | | | | | | | | |
| | <u></u> | Recu | rring Cha | rges | | | Non | -Recurring | Charges | | Total Charges | <u> </u> | |
| | A | В | С | | D | E | F | G | Н | Ĭ | J | K | |
| total | nly \$ charges amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible m pre-disco amout (A minu | ount it | of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much o the \$ amount in (F) is ineligible? | t pre-discount \$ amount for one- time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | year pre-discount (from Block 4 \$ amount worksheet) | | |
| | 0 | 0 | 0 | | 0 | 0 | 10,000 | 0 | 10,000 | 10,000 | 50% | \$5,000 | |

Applicant's Form Identifier:

DMPS4710101

Billed Entity Applicant #: 131976

| Contact Person. Greg Davis | Phone is per: | 515-242-7773 | - |
|--------------------------------------|---------------|----------------|---|
| BLOCK 5: Discount Funding Request(s) | | Page 63 of 319 | |

| FRI | N # | (to be assigned by | y admini | strator) | | |
|-----|---|--|----------|--|---|---------------------------------|
| 11 | Category of Service (only ONE cat O Telecommunications Services | | 15 | Contract Number (if available; "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | | RFP #00-48A |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | | N/A |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | | 12/12/2000 |
| 13 | SPIN – Service Provider Identification Number: | 143005447 | 18 | Contract Award Date (mn/dd/yyyy) | | 01/12/2001 |
| | | | 19a | Service State Date (mm/dd/yyy | | 07/01/2001 |
| | | | 19b | Service End Date (mm/dd/yyyy |) | N/A |
| 14 | Service Provider Name | Pomeroy Computer Resources, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | | 06/30/2002 |
| 21 | Description of this Service: | You MUST attach a description of the service, including relevant brand names. Label this description with an Article Control of the service, including relevant brand names. | | n of components and costs, plus an | | Attachment # <u>USFATCH0101</u> |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this: | | red by others), list the Entity | | |
| | | b. If the service is shared by all entities on a Block 4 (e.g. A-1) | | | | |
| 23 | Calculations | | | | | |

| | Recu | rring Charges | | | Non | -Recurring C | harges | Total Charges | | | |
|---|---|--|---|--|--|--|---|--|---|--|--|
| A B | | C D | | D E | | G | Н | I | J | K | |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| 0 | 0 | 0 | 0 | 0 | 360,000 | 0 | 360,000 | 360,000 | 63% | \$226,800 | |

| T) '13 | 1.33 | | | | | | | | | | | | | |
|---|--|--------------------------------------|------------------------|---------------------------------------|---|--|--|---|---|---------------------|--|---|--|--|
| | | oplicant #: 13 | 1976 | | | | Applicant s F | Form Identi | fier: DMI | PS471010 |)1 | | | |
| Cont | act Person: | Greg Dav | vis | | | | Phone Numb | er: 515- | 242-7773 | | | | | |
| BLC | CK 5: Di | scount Funding | g Requ | est(s) | | · · · · · · · · · · · · · · · · · · · | | Pa | ge 64 of 319 | | | | | |
| Instru numb | er the comp | one Block 5 pag leted pages to as | ge for EA sure that | CH serv | ice (Funding) all processed | Request Numb | per) for which y | ou are reque | esting discounts. Ma | ake as ma | ny copies | s of this page a | is necessary, and | |
| FRN | | | | | | | assigned by | administ | rator) | | | | | |
| 11 | | of Service (only (| | | ould be checke net Access | ed) ● Internal Co | onnections | 15 | Contract Number (if "T" if tariffed service, month-to-month servi described in instruction | , "MTM" i ces as | | RFP# | 00-48B | |
| 12 | Form 470 | Application Nu | ımber: | | 7043 | 340000296620 |) | 16 | Billing Account Nu (e.g. billed telephon | e number |) | N | /A | |
| | | | | | | | | 17 | Allowable Vendor So Contract Date: (mm | | | 12/12/2000 | | |
| 13 | SPIN – Service Provider Identification Number: 143008724 | | | | | | | 18 | Contract Award Dat (mm/dd/yyyy) | | | 01/12 | | |
| | | | | | | | | 19a | Service State Date (n | | | | /2001 | |
| 14 | Service Pr | ovider Name | | | DaVoco | Enterprises, | Inc. | 19b 20 | Service End Date (m Contract Expiration (mm/dd/yyyy) | | <u>) </u> | | /A //2002 | |
| 21 | Descriptio | of this Service: | | | | | | | of components and cos nd note number in space | | | Attachment # | # USFATCH0102 | |
| 22 | Entity/Ent Service: | ities Receiving thi | is | Nı | mber of the ent | ity from Block | 4 receiving this s | service. | by others), list the En | | | 58991 | | |
| | | | | | the service is sh g. A-1) | ared by all entit | ties on a Block 4 | worksheet, li | st the worksheet number | ег: | | | | |
| 23 | Calculatio | ns | | · · · · · · · · | / | | | | | | | | | |
| | | Recu | rring C | harges | | | Non | -Recurring | Charges | | , | Total Charge | S | |
| A B C D E | | | | | | | F | G | H | Ĭ | | J | K | |
| (total amount for service) \$ amount in (A) pre-call pre-c | | | pre-di am (A m | monthly iscount ount inus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amoun in (F) is ineligible? | nnt pre-discount \$ year pre-disco amount for one- \$ amount | | discount ount H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| | 0 | 0 | | 0 | 0 | 0 | 5,000 | 5,000 5,000 80% \$4,00 | | | | | \$4,000 | |

The second secon

| Bille | ed Entity A | pplicant #: 13 | 1976 | | | į | Applicant's I | Form Id | lentifie | er: DM I | PS4710101 | | | | | |
|--|--|--|--|--|--------------------------------------|--------------------------|--|--|------------|--|--|--------------|----------------|--|--|--|
| Con | tact Person | Greg Dav | vis | | | | Phone Numb | er: | 515-24 | 12-7773 | | | | | | |
| BL | OCK 5: Di | scount Fundin | g Requ | est(s) | | - | | | Page | 65 of 319 | | | | TO A SPECIAL CONTRACTOR OF THE SPECIAL CONTR | | |
| Instr num | uctions: Use ber the comp | e one Block 5 pag pleted pages to ass | ge for EA | CH serv | rice (Funding all processed | Request Numl | ber) for which y | you are | request | ting discounts. Ma | ake as many | copies | of this page a | is necessary, and | | |
| FR | N # | | | ···· | | (to be | assigned by | y admi | inistra | ator) | | | | · | | |
| 11 | | of Service (only (| | | | ed) • Internal C | | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | | | | | RFP #00-48B | | | |
| 12 | Form 470 | Application Nu | mber: | | 704 | 340000296620 |) | 16 | (e | illing Account Nuc.g. billed telephon | ımber: e number) | | N | /A | | |
| | | | | | | | | 17 | | llowable Vendor Se ontract Date: (mm | |) 12/12/2000 | | | | |
| 13 | SPIN – Service Provider Identification Number: 1430087 | | | | | | | 18 | • | ontract Award Dat nm/dd/yyyy) | e | | 01/12 | | | |
| | | | | | | | | 19 | | ervice State Date (n | | | 07/01 | | | |
| 14 | CI D | (1 51 | | | | | | 19 | | ervice End Date (m | | | N | | | |
| | <u> </u> | ovider Name | | | DaVoco | Enterprises, | Inc. | 20 | | ontract Expiration mm/dd/yyyy) | Date | 06/30/2002 | | | | |
| 21 | Descriptio | n of this Service: | | | | | | | | components and cos note number in space | | elow. | Attachment # | USFATCH0102 | | |
| 22 | Entity/Ent Service: | ities Receiving thi | S | Nı | imber of the en | tity from Block | 4 receiving this | service. | | y others), list the En | | 005 | | | | |
| | | | | | the service is sh z. A-1) | ared by all enti- | ties on a Block 4 | workshe | et, list t | he worksheet number | er: | · | | | | |
| 23 | Calculatio | ns | | | | | | | | | | | | | | |
| | | Recu | rring C | harges | | | Non | -Recur | ring C | harges | | 1 | Total Charge: | 3 | | |
| | A | В | (| С | D | E | F | C | 3 | Н | I | | | | | |
| Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible? How much of the \$ amount in (A) pre-discount amount (A minus B) # of months service provided in program year | | | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How m the \$ a in (I inelig | mount F) is gible? | nt pre-discount \$ year pre-discount amount for one- \$ amount | | count | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | | | | | |
| | 0 | 0 | | 0 | 0 | 0 | 5,000 | 0 | 0 | 7,500 7,500 50% | | | | 3,750 | | |

| Billed Entity applicant #: 131976 | Applica s Form Identifier: | DMPS4710101 | - |
|-----------------------------------|----------------------------|-------------|---|
| Contact Person: Greg Davis | Phone Number: 515-242-7773 | | |

BLOCK 5: Discount Funding Request(s)

Page 66 of 319

| FRI | N # | (to be assigned by | y admini | strator) | | | |
|-----|---|---|------------|--|-------------|--|--|
| 11 | Category of Service (only ONE cat O Telecommunications Services | | 15 | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | | |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | |
| 13 | SPIN – Service Provider Identification Number: | 143008724 | | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | |
| | | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 | | |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A | | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | | |
| 21 | Description of this Service: | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH0102 | | | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this | service. | | 05 | | |
| | | b. If the service is shared by all entities on a Block 4 (e.g. A-1) | worksheet, | list the worksheet number: | | | |
| 23 | Calculations | | | | | | |

| | | | Non-Recurring Charges | | | Total Charges | | | | |
|---|---|--|---|--|--|--|--|--|---|--|
| A | В | С | D | E | F | G | H | I | J | К |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one- time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0 | 0 | 0 | 0 | 0 | 5,000 | 0 | 5,000 | 5,000 | 90% | \$4,500 |

| Bille | d Entity Applicant #: 131976 | | Applicant's Form | n Iden | tifier: DMI | PS4710101 | | |
|----------------|---|---|------------------------|---------------------------|--|------------------|-----------------|-------------------|
| Cont | act Person: Greg Davis | | Phone Number: | | 5-242-7773 | | <u></u> | |
| BLC | OCK 5: Discount Funding Requ | uest(s) | | P | age 67 of 319 | | | |
| Instru numl | uctions: Use one Block 5 page for Each the completed pages to assure that | ACH service (Funding Request Numl at they are all processed correctly. | ber) for which you | are req | uesting discounts. Ma | ake as many copi | es of this page | as necessary, and |
| FRN | N # | (to be | assigned by ac | lmini | strator) | | | |
| 11 | Category of Service (only ONE ca O Telecommunications Services | | | 15 | Contract Number (if "T" if tariffed service, month-to-month servi- described in instruction | "MTM" if ces as | RFP # | 700-48B |
| 12 | Form 470 Application Number: | 704340000296620 |) | 16 | Billing Account Number: (e.g. billed telephone number) | | N | I/A |
| | | | | 17 | Allowable Vendor Se Contract Date: (mm | | 12/1 | 2/2000 |
| 13 | SPIN – Service Provider Identification Number: | 143008724 | | 18 | Contract Award Date (mm/dd/yyyy) | | 01/1 | 2/2001 |
| | | | | 19a | Service State Date (n | | | 1/2001 |
| 14 | Carrian Durated N | | | <u> 19b</u> | Service End Date (m | | | [/A |
| 14 | Service Provider Name | DaVoco Enterprises, | | 20 | Contract Expiration (mm/dd/yyyy) | | 06/30 |)/2002 |
| 21 | Description of this Service: | You MUST attach a description of the relevant brand names. Label this descr | | | | | Attachment | # USFATCH0102 |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (pro- Number of the entity from Block | 4 receiving this servi | ce. | | | | |
| | | ties on a Block 4 wor | ksheet, | list the worksheet number | er: | | | |
| 23 | Calculations | (e.g. A-1) | | | | | | |
| | Recurring C | Charges | Non-Re | currin | g Charges | | Total Charge | s |
| <u> </u> | A R | CDE | F | | н | Ţ | J | K |

| | | Non-Recurring Charges | | | Total Charges | | | | | |
|---|---|--|---|--|--|--|---|--|---|--|
| . A | В | C | D | E | F | G | Н | I | J | K |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0 | 0 | 0 | 0 | 0 | 5,000 | 0 | 7,500 | 7,500 | 80% | 6,000 |

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まとうところのというとなるがらなるがのではなるのです。

| Bille | illed Entity Applicant #: 131976 | | | | | Applicant's Form Identifier: DMPS4710101 | | | | | | | | |
|--------|--|---|---------------------------------------|---------------------------------------|---|--|--|--|---|---|--------------------------|---|--|--|
| Cont | act Person: | Greg Da | vis | | | | Phone Numb | er: 515 | 5-242-7773 | | ···· | | | |
| BLC | CK 5: Di | scount Fundin | g Requ | est(s) | · · · · · · · · · · · · · · · · · · · | | | P | age 68 of 319 | | | | | |
| nstri | er the comp | e one Block 5 pageleted pages to as | ge for EA | CH serv they are | ice (Funding l all processed | Request Num | ber) for which y | you are req | uesting discounts. M | lake as ma | ny copie | s of this page a | s necessary, and | |
| R | T # | | | | | (to b | e assigned by | y admini | strator) | - | | | | |
| 1 | | of Service (only mmunications Se | | | | | | 15 | "T" if tariffed servicementh-to-month serv | e, "MTM" i ⁄ices as | | RFP #00-48B | | |
| 2 | Form 470 | Application Nu | ımber: | | 7043 | 34000029662 | O | 16 | described in instructi Billing Account N (e.g. billed telepho | umber: |) | N, | 'A | |
| | | | | | | | | 17 | Allowable Vendor S Contract Date: (mi | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | | | /2000 | |
| 3 | l | rvice Provider tion Number: | | 143008724 | | | | 18 | Contract Award Da (mm/dd/yyyy) | | | 01/12/2001 | | |
| | } | | İ | | | | | 19a 19b | Service State Date | | | 07/01 | | |
| 1 | Service Pr | ervice Provider Name DaVoco Enterprise | | | | Enterprises | , Inc. | 20 | Service End Date (mm/dd/yyyy) N/A Contract Expiration Date 06/30/2002 (mm/dd/yyyy) | | | | | |
| 1 2 | | n of this Service: ities Receiving th | relevant brand names. Label this desc | | | | ription with an At wided to one site at 4 receiving this s | ttachment #, and not shar service. | and note number in sp | ace provided | | Attachment # | USFATCH010 | |
| 3 | Calculatio | | | | , | | | | | | | | | |
| | | Recu | irring C | harges | | | Non | Non-Recurring Charges | | | ı | Total Charges | | |
| | A | В | (| C | D | E | F | G | Н | I | | J | K | |
| [tota] | ly \$ charges amount for ervice) | How much of the \$ amount in (A) is ineligible? | ame | monthly secount ount inus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much the \$ amou in (F) is ineligible | pre-discount \$ amount for one- time charges (F minus G) | Total pr year pre-c \$ amo (E & | discount ount 2 H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| | 0 | 0 | | 0 | 0 | 0 | 5,000 | 0 | 5,000 | 5,0 | 00 | 80% | \$4,000 | |

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| Billed Entic pplicant #: 131976 | Applic. Form Identifier: DMPS4710101 |
|--------------------------------------|--------------------------------------|
| Contact Person: Greg Davis | Phone Number: 515-242-7773 |
| BLOCK 5: Discount Funding Request(s) | Page 69 of 319 |

| FR | N # | (to be assigned by | / admini | strator) | | | |
|----|---|---|------------|--|-------------|--|--|
| 11 | Category of Service (only ONE cat O Telecommunications Services | | 15 | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | |
| 12 | 2 Form 470 Application Number: 704340000296620 | | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | | |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | |
| 13 | SPIN – Service Provider Identification Number: | 143008724 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | |
| | | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 | | |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A | | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | | |
| 21 | Description of this Service: | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH0102 | | | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. | | | | | |
| | | b. If the service is shared by all entities on a Block 4 (e.g. A-1) | worksheet, | list the worksheet number: | | | |
| 23 | Calculations | | | | | | |

| | Recurring Charges | | | | | | Non-Recurring Charges | | | Total Charges | | |
|---|---|--|---|--|--|--|---|--|---|--|--|--|
| A | В | C | D | E | F | G | Н | I | J | K | | |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (1 x J) | | |
| 0 | 0 | 0 | 0 | 0 | 5,000 | 0 | 5,000 | 5,000 | 40% | \$2,000 | | |

| Billed Entity applicant #: 131976 | Applicant s Form Identifier: DMPS4710101 | |
|---|---|---------------------------|
| Contact Person: Greg Davis | Phone Number: 515-242-7773 | |
| BLOCK 5: Discount Funding Request(s) | Page 70 of 319 | |
| Instructions: Use one Block 5 page for EACH service (Funding R number the completed pages to assure that they are all processed c | equest Number) for which you are requesting discounts. Make as many copies of the orrectly. | is page as necessary, and |

| FRI | N # | (to be assigned b | y admini | strator) | | | | |
|-----|--|---|--|---|-------------|--|--|--|
| 11 | Category of Service (only ONE category of Services) O Telecommunications Services | , | 15 | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | | |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | | | |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | | |
| 13 | SPIN – Service Provider Identification Number: | 143008724 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | | |
| | | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 | | | |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A | | | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | | | |
| 21 | Description of this Service: | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH0102 | | | | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. | | | | | | |
| | | b. If the service is shared by all entities on a Block 4 (e.g. A-1) | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: | | | | | |
| 23 | Calculations | | | | | | | |

| 23 | 1 (7-1- | ulations |
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Company of the Compan

| Bille | ed Entire A | pplicant #: 13 | 1976 | | | | Applic. , s F | orm Id | lentifi | er: DMI | PS4710101 | | | | |
|---|--|---|---------------------|---------------------------------------|---|--|--|---------------------------------------|----------------|---|--|-------------------|---|--|--|
| Cont | tact Person | : Greg Da | vis | | | | Phone Numb | er: 5 | 515-24 | 42-7773 | | | | | |
| BLC | OCK 5: Di | scount Fundin | g Requ | est(s) | | | | | Page | e 71 of 319 | | | | | |
| Instri numl | uctions: Uso per the comp | e one Block 5 pag pleted pages to as | ge for EA | ACH serv they are | rice (Funding all processed | Request Numb | per) for which y | ou are | reques | ting discounts. Ma | ake as many | copies | s of this page a | is necessary, and | |
| FR | V # | | | | | (to be | assigned by | / admi | nistr | ator) | | | | | |
| Category of Service (only ONE category should be checked) | | | | | | | onnections | 15 | | | | se | RFP #00-48B | | |
| 12 | Form 470 Application Number: 70434000029 | | | | | | | 16 | B (e | Billing Account Nu e.g. billed telephon | imber: e number) | | N. | /A | |
| | • | | | | | | | 17 | | llowable Vendor Se Contract Date: (mm | | 12/12/2000 | | | |
| 13 | | | | | | 143008724 | | 18 | | Contract Award Dat mm/dd/yyyy) | e | | 01/12 | | |
| | | | | | | | | 19 | | ervice State Date (n | | | 07/01 | /2001 | |
| 14 | Service Pr | ovider Name | | | DeVes | Enterprises, | Inc | 19 20 | | ervice End Date (m Contract Expiration | | _ | | /A //2002 | |
| | | | | | | | | | (mm/dd/yyyy) | | | | 00/30/2002 | | |
| 21 | Descriptio | n of this Service: | | | | | | | | f components and cost note number in space | | elow. | Attachment # | USFATCH0102 | |
| 22 | Entity/Ent Service: | titles Receiving thi | is | Nı | imber of the en | tity from Block | 4 receiving this s | ervice. | | by others), list the En |] | 992 | | | |
| | | | | b. If | the service is sh | ared by all entit | ies on a Block 4 | workshe | et, list | the worksheet number | er: | | | | |
| 23 | Calculatio | ns | | | | | | | | | | | | | |
| | | Recu | rring C | harges | | | Non | -Recur | ring C | Charges | | | Total Charges | 3 | |
| | A | В | | C | D | E | F | G | ; | Н | I | | J | K | |
| Monthly \$ charges (total amount for service) | | How much of the \$ amount in (A) is ineligible? | pre-d am (A m | monthly iscount ount inus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How m the \$ an in (F inelig | mount is ible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total prog year pre-dis \$ amoun (E & H | count nt l) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| | 0 0 0 | | | 0 | 0 | 0 | 5,000 | l c |) | 5,000 | 5,000 | | 60% | \$3.000 | |

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| Billed Entity Applicant #: 131976 | Applicant's Form | Identifier: | DMPS4710101 | |
|--------------------------------------|------------------|--------------|-------------|-----------------------|
| Contact Person: Greg Davis | Phone Number: | 515-242-7773 | | V1 - Lin Lat Latin 14 |
| BLOCK 5: Discount Funding Request(s) | | Page 72 o | f 319 | |
| Instructions, Heaves Dist. 1.5 | | | | |

| FRI | N # | (to be assigned b | y admini | strator) | | | | | | |
|-----|---|--|---|--|--------------------------|--|--|--|--|--|
| 11 | Category of Service (only ONE cat O Telecommunications Services | egory should be checked) O Internet Access • Internal Connections | 15 | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | | | | |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | | | | | |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | | | | |
| 13 | SPIN - Service Provider Identification Number: | 143008724 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | | | | |
| | | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 | | | | | |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A | | | | | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | | | | | |
| 21 | Description of this Service: | You MUST attach a description of the service, including relevant brand names. Label this description with an A | | n of components and costs, plus any | Attachment # USFATCH0102 | | | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this | service. | | , | | | | | |
| | | b. If the service is shared by all entities on a Block (e.g. A-1) | rice is shared by all entities on a Block 4 worksheet, list the worksheet number: | | | | | | | |
| 23 | Calculations | | | | | | | | | |

| | Recu | rring Charges | | | Non-Recurring Charges | | | Total Charges | | | |
|---|---|--|---|--|--|--|--|--|---|--|--|
| A | В | С | D | E | F | G | Н | I | J | K | |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one- time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| 0 | 0 | 0 | 0 | 0 | 5,000 | 0 | 5,000 | 5,000 | 40% | 2,000 | |

| Bille | d Entity A | pplicant #: 13 | 1976 | | | | Applicant's I | Form Identifi | er: DMI | PS4710101 | | | | |
|---|--|---------------------------------------|------------------------------|-------------------------------------|---|--|--|--|--|---|---|--|--|--|
| | act Person | | | | | | Phone Number: 515-242-7773 | | | | | | | |
| BLO | CK 5: Di | scount Fundin | g Reque | est(s) | | | | Page | e 73 of 319 | | | | | |
| Instru numb | er the comp | one Block 5 pag eleted pages to as | ge for EA sure that | CH serv they are | ice (Funding all processed | Request Numb | per) for which | you are reques | ting discounts. Ma | ake as many copie | es of this page a | as necessary, and | | |
| FRN | T# | | | | | (to be | assigned by | v administr | ator) | | , , , , , , , , , , , , , , , , , , , | | | |
| Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access • Internal C | | | | | | | | 15 C | Contract Number (if T" if tariffed service conth-to-month service escribed in instruction | , "MTM" if ces as | RFP #00-48B | | | |
| 12 | Form 470 Application Number: 704340000296 | | | | | |) | 16 I | Billing Account Nue.g. billed telephor | ımber: | N | / A | | |
| | | | n construction of the second | | | | | 17 A | Allowable Vendor So Contract Date: (mm | election/ | 12/12/2000 | | | |
| 13 | | rvice Provider tion Number: | | | · · · | 143008724 | | 1 40 | Contract Award Datemm/dd/yyyy) | ie | | 2/2001 | | |
| } | | | | | | 10000121 | | | Service State Date (1 | nm/dd/yyyy) | | /2001 | | |
| | | | | | | | | | Service End Date (m | | N | /A | | |
| 14 | | ovider Name | | | | Enterprises, | | _ _ (| Contract Expiration mm/dd/yyyy) | | 06/30/2002 | | | |
| 21 | Descriptio | n of this Service: | | | | | | | f components and co d note number in spar | | Attachment # | # <u>USFATCH0102</u> | | |
| 22 | Entity/Ent Service: | ities Receiving thi | is | Nι | mber of the en | tity from Block | 4 receiving this | service. | by others), list the En | | | | | |
| | | | | b. If | the service is sh g. A-1) | ared by all entit | ies on a Block 4 | worksheet, list | the worksheet numb | er: | | | | |
| 23 | Calculatio | ns | | | | | | | | | | | | |
| | | Recu | rring Cl | arges | | | Nor | -Recurring (| Charges | | Total Charge | s | | |
| | A | В | (| | D | E | F | G | H | I | J | К | | |
| (total | (total amount for service) \$ amount in (A) pre- | | | monthly scount ount nus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | | |

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| Billed Entity Applicant #: 131976 | Applicant's Form Identifier: DMPS4710101 |
|--------------------------------------|--|
| Contact Person: Greg Davis | Phone Number: 515-242-7773 |
| BLOCK 5: Discount Funding Request(s) | Page 74 of 319 |

| FRI | N # | (to be assigned by | y admini | istrator) | | | | | |
|-----|--|---|--|--|-------------------|--|--|--|--|
| 11 | O Telecommunications Services | o Internet Access Internal Connections | 15 | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | | | |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | | | | |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | | | |
| 13 | SPIN – Service Provider Identification Number: | 143008724 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | | | |
| | 1 | | 19a 19b | Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy) | 07/01/2001 N/A | | | | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | | | | |
| 21 | Description of this Service: | | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>USFATCH0102</u> | | | | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this | | | | | | | |
| | | b. If the service is shared by all entities on a Block 4 (e.g. A-1) | worksheet, | list the worksheet number: | | | | | |
| 23 | Calculations | | | | | | | | |

| | Recu | rring Charges | | | Non | n-Recurring Cl | harges | Total Charges | | | |
|---|---|--|---|--|--|--|---|---|---|--|--|
| A | В | C | D | E | F | G | H | I | J | K | |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| 0 | 0 | 0 | 0 | 0 | 5,000 | 0 | 5,000 | 5,000 | 90% | \$4,500 | |

| Bille | d Entity A | pplicant #: 13 | 1074 | | | T | A1: | 7 Id | 6 DMI | DC 4710101 | | |
|---|--|--------------------------------|-----------|-------------------------------------|---|--|--|--|---|---|---|---------------------------------------|
| | | | | | | | Applicant's I | | | PS4710101 | | |
| | act Person: | 8 | | | | | Phone Numb | er: 515- | 242-7773 | | | |
| BLC | OCK 5: Di | scount Fundin | g Reque | est(s) | | | | Pa | ge 75 of 319 | | | |
| Instr | uctions: Use | e one Block 5 pag | ge for EA | CH serv | ice (Funding | Request Numb | er) for which y | you are requ | esting discounts. M | ake as many co | oies of this page | as necessary, and |
| numl | per the comp | oleted pages to as | sure that | they are | all processed | correctly. | | | | | | |
| FRI | V # | | | | | (to be | assigned by | y adminis | trator) | | | |
| 11 | Category | of Service (only (| ONE cate | gory sh | ould be check | ed) | | 15 | Contract Number (if | | | |
| | O Telecommunications Services O Internet Access • Internal | | | | | | | | "T" if tariffed service month-to-month servi | RFP# | 00-48B | |
| 10 | | | | O Inter | net Access | ● Internal Co | onnections | | described in instruction | | | |
| 12 | Form 470 | Application Nu | mber: | | 704 | 340000296620 | 1 | 16 | Billing Account No | | Ŋ | // A |
| | | | | | 7043 | 340000290020 | | 17 | (e.g. billed telephor Allowable Vendor S | | | |
| | ļ | | | | | | | | Contract Date: (mm | | 12/12/2000 | |
| 13 | 1 | rvice Provider tion Number: | | | | | | 18 | Contract Award Dat | te | | |
| | Identificat | non number: | | 143008724 | | | | 19a | (mm/dd/yyyy) Service State Date (r | mm/dd/sassy) | | 2/2001 1/2001 |
| | | | l | | | | | 19a 19b | Service State Date (m | | | //A |
| 14 | Service Pr | ovider Name | | | DaVoco | Enterprises, | Inc. | 20 | Contract Expiration | | ···· | 0/2002 |
| 21 | Description | n of this Service: | | You MI | JST attach a de | scription of the | service, includin | g breakdown | (mm/dd/yyyy) of components and co | sts. plus anv | | |
| | | | | | | | | | nd note number in spa | | Attachment | # USFATCH0102 |
| 22 | Entity/Ent Service: | ities Receiving thi | is | | | | | | d by others), list the En | tity 58953 | | |
| | Service: | | | | | | 4 receiving this sies on a Block 4 | | st the worksheet numb | er: | | |
| | | | | t . | g. A-1) | · · · · · · · · · · · · · · · · · · · | | | | | | <u> </u> |
| 23 | Calculatio | ns | | | | | | | | | | |
| | | Recu | rring Cl | harges | —————————————————————————————————————— | | Non | -Recurring | Charges | | Total Charge | s |
| | A | В | | 2 | D | E | F | G | Н | I | J | К |
| Monthly \$ charges (total amount for service) | | is ineligible? am | | monthly scount ount nus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | | Total program year pre-discoun \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| | 0 | 0 | (| 0 | 0 | 0 | 5,000 | 0 | 5,000 | 5,000 | 80% | \$4,000 |

| Billed Entity Applicant #: 131976 | Applicant's Form I | dentifier: | DMPS4710101 |
|--------------------------------------|--------------------|--------------|-------------|
| Contact Person: Greg Davis | Phone Number: | 515-242-7773 | |
| BLOCK 5: Discount Funding Request(s) | | Page 76 of | 319 |

| FRI | N # | (to be assigned by | (to be assigned by administrator) | | | | | | | | |
|-----|---|--|-----------------------------------|---|--------------------------------|--|--|--|--|--|--|
| 11 | Category of Service (only ONE cat O Telecommunications Services | egory should be checked) O Internet Access • Internal Connections | 15 | Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | | | | | |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | | | | | | |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | | | | | |
| 13 | SPIN – Service Provider Identification Number: | 143008724 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | | | | | |
| | | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 | | | | | | |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A | | | | | | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | | | | | | |
| 21 | Description of this Service: | You MUST attach a description of the service, including relevant brand names. Label this description with an At | | n of components and costs, plus any | elow. Attachment # USFATCH0102 | | | | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: | | | | | | | | | |
| | | (e.g. A-1) | | | | | | | | | |
| 23 | Calculations | | | | | | | | | | |

| | Recu | rring Charges | | | Non | i-Recurring C | harges | Total Charges | | | |
|---|---|--|---|--|--|--|--|--|---|---------------------------------------|--|
| A | В | C | D | E | F | G | Н | I | J | К | |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (IF minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| 0 | 0 | 0 | 0 | 0 | 5,000 | 0 | 5,000 | 5,000 | 80% | \$4,000 | |

| Bille | d Entity A | pplicant #: 13 | 1976 | | | | Applicant's F | Form Id | lentifie | er: DMP | S4710101 | | | |
|---|------------------------------|--------------------------------------|----------------------------|-------------------|---|--|--------------------------------------|-------------------|---|--|---|--|-------------------|--|
| Cont | act Person: | Greg Day | vis | | | | Phone Numb | er: 5 | 515-24 | 12-7773 | | | | |
| BLC | CK 5: Di | scount Funding | g Request | t(s) | | ······································ | Page 77 of 319 | | | | | | | |
| Instru numb | ictions: Use per the comp | one Block 5 pag leted pages to as | ge for EAC sure that th | H serv ney are | ice (Funding l all processed | Request Numl correctly. | ber) for which y | you are | request | ting discounts. Ma | ke as many copie | es of this page a | is necessary, and | |
| FRN | N # | | | | , , , , , , , , , , , , , , , , , , , | (to be | assigned by | admi | inistra | ator) | | | | |
| 11 | Category of Category | ould be checke net Access | | | 15 Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | | | | RFP #00-48B | | | | | |
| 12 | - Francisco | | | | | 340000296620 |) | 16 | Billing Account Number: (e.g. billed telephone number) | | | N | /A | |
| | | | | | | | | 17 | A | llowable Vendor Se ontract Date: (mm. | lection/ | on/ | | |
| 13 | 7.1 | | | | | 143008724 | | 18 | | ontract Award Date nm/dd/yyyy) | е | 01/12 | /2001 | |
| | | | | | | | | 19 | | ervice State Date (n | | 07/01 | | |
| 14 | Sarvice Dr. | ovider Name | | | | TO | | 19 | | ervice End Date (mi | | | /A | |
| | | | | | | Enterprises, | | 20 | _ (n | ontract Expiration nm/dd/yyyy) | 06/30 | /2002 | | |
| 21 | Description | n of this Service: | | | | | | | | components and cos note number in space | | Attachment # | USFATCH0102 | |
| 22 | Entity/Ent Service: | ities Receiving thi | s z | Nu | mber of the ent | ity from Block | 4 receiving this s | service | | y others), list the En | | | | |
| | | | 1 | | he service is sh ;. A-1) | ared by all enti | ties on a Block 4 | workshe | et, list t | he worksheet numbe | er: | | | |
| 23 | Calculatio | ns | | | | | | | | | | | | |
| | | Recu | rring Cha | arges | | | Non | -Recur | ring C | harges | | Total Charge | 5 | |
| A B C D E | | | | | | E | F | C | ; | Н | I | J | K | |
| (total amount for service) samount in (A) pre-discount service disc provided in program year re-c (1) | | | | | Annual pre- discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How m the \$ a in (F inelig | mount i) is ible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & II) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | | |
| | 0 0 | | 0 | | 0 . | 0 | 7,500 | (|) | 7,500 | 7,500 | 60% | 4,500 | |

7,500

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4,500

| Bille | d Entity A | pplicant #: 13 | 1976 | | | | Applicant's Form Identifier: DMPS4710101 | | | | | | | |
|--|---|---------------------|------------|---------------------------------|--|--|---|---------------|--|---------------------------------------|-------------------|-------------------|--|--|
| Cont | act Person: | Greg Dav | vis | | | | Phone Numb | er: 515- | 242-7773 | | | | | |
| BLC | OCK 5: Di | scount Fundin | g Reques | st(s) | | <u>.</u> | | Pa | ge 78 of 319 | | | | | |
| Instr | uctions: Use | | ge for EAC | CH serv | ice (Funding l all processed | Request Numb | per) for which y | | esting discounts. Ma | ake as many copie | es of this page a | as necessary, and | | |
| FRI | N # | | | | | (to be | assigned by | administ | rator) | | | | | |
| 11 | Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access • Internal | | | | | | | 15 | Contract Number (if "T" if tariffed service month-to-month servi | , "MTM" if ces as | RFP #00-48B | | | |
| 12 | \ | Application Nu | | | · | 340000296620 | | 16 | described in instruction Billing Account No. (e.g. billed telephor | umber: | N/A | | | |
| 13 | 2 CDIN Coming Davids | | | | | | | 17 | Allowable Vendor Se Contract Date: (mm | election/ n/dd/yyyy) | 12/12/2000 | | | |
| 13 | SPIN – Service Provider Identification Number: 143008724 | | | | | 143008724 | | 18 | Contract Award Date (mm/dd/yyyy) | | 01/12 | 2/2001 | | |
| | | | | | | | | 19a | Service State Date (r | | | /2001 | | |
| 14 | Service Pr | ovider Name | | | DaVoco | Enterprises, | Inc. | 19b 20 | Service End Date (m Contract Expiration (mm/dd/yyyy) | | | /A 0/2002 | | |
| 21 | Description | n of this Service: | | | | | | | of components and co nd note number in spa | | Attachment # | USFATCH0102 | | |
| 22 | Entity/Ent Service: | itles Receiving thi | | Nu | imber of the ent | ity from Block | 4 receiving this s | service. | f by others), list the Er | | | | | |
| | | | | | ine service is sn g. A-1) | ared by an enti | iles on a Block 4 | worksneet, in | st the worksheet numb | er. | | | | |
| 23 | Calculatio | ns | | | | | | | | | | | | |
| | | Recu | rring Ch | arges | | | Non | -Recurring | Charges | | Total Charge | s | | |
| | A | В | C | , | D | E | F | G | Н | I | J | К | | |
| (total amount for service) S amount in (A) pre-discount service provided in program year charges (C x D) S amount in (A) pre-discount service provided in program year charges | | | | recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amound in (F) is ineligible? | int pre-discount \$ year pre-disco amount for one- \$ amount | | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | | | | |
| 0 0 0 0 | | | | | 0 | 5,000 | 0 | 5,000 | 5,000 | 80% | \$4,000 | | | |

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| Bille | d Entity A ₁ | pplicant #: 13 | 1976 | | | | Applicant's Form Identifier: DMPS4710101 | | | | | | | |
|-------------|---|---------------------|-----------|-------------|------------------------|-----------------------|--|---------------------------------|--|--|------------------|-----------------------|--|--|
| Cont | act Person: | Greg Dav | vis | ···· | | | Phone Numb | er: 515-2 | 42-7773 | | | | | |
| BLO | CK 5: Di | scount Fundin | g Reque | est(s) | | <u></u> | Page 79 of 319 | | | | | | | |
| | | | | | ice (Funding | Request Numb | er) for which s | | sting discounts. Ma | ake as many coni | es of this name | e necessary and | | |
| numb | er the comp | leted pages to as | sure that | they are | all processed | correctly. | ci) for which y | ou are reque | sting discounts. Wi | ake as many copi | es or ans page a | is necessary, and | | |
| FRN | T # | | | | | (to be | assigned by | administ | rator) | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | | |
| 11 | Category | of Service (only (| ONE cate | egory she | ould be check | | | 15 | Contract Number (if | | | | | |
| | 0 77.4 | | | | | | | | "T" if tariffed service month-to-month servi | | RFP# | 00-48B | | |
| | | mmunications Se | | O Intern | net Access | • Internal Co | onnections | I I | described in instruction | | | | | |
| 12 | Form 470 | Application Nu | mber: | | | | | | Billing Account Nu | | N | /A | | |
| | | | | | 7043 | 340000296620 | | | (e.g. billed telephon Allowable Vendor So | | | | | |
| | | | | | | | | | Contract Date: (mm | | 12/12/2000 | | | |
| 13 | | vice Provider | | | | | | | Contract Award Dat | | | | | |
| | Identificat | ion Number: | | | 1 | 143008724 | | | (mm/dd/yyyy) | | | 2/2001 | | |
| | | | | | | | | | Service State Date (r | | | /2001 | | |
| 14 | Sarvica Dr | ovider Name | | | D-17 | TD4 | T | | Service End Date (m Contract Expiration | | | /A | | |
| | | | | | | Enterprises, | | | (mm/dd/yyyy) | <u> </u> | | 0/2002 | | |
| 21 | Description | n of this Service: | | You MI | JST attach a de | scription of the | service, includin | g breakdown o | of components and cond note number in spa | sts, plus any | Attachment | USFATCH0102 | | |
| | | | | reievaiii | orano names. i | Label IIIIs descri | puon wun an At | tachinent #, an | d note number in spa | ce provided below. | Attachinent | USFAICHUIUZ | | |
| 22 | | ities Receiving thi | is | | | | | | by others), list the En | tity 58945 - | | | | |
| | Service: | | | b. If | mber of the ent | ared by all entit | 4 receiving this s | service. worksheet list | the worksheet number | er. | | | | |
| | | | | | g. A-1) | | | | | | | | | |
| 23 | Calculatio | ns | | | | | | | | | | | | |
| | | Recu | rring C | harges | | | Non | -Recurring | Charges | | Total Charge | s | | |
| A B C D I | | | | E | F | G | H | I | J | K | | | | |
| | | | | # of months | Annual pre- | Annual non- | How much of the \$ amount | Annual eligible pre-discount \$ | Total program year pre-discount | % discount (from Block 4 | Funding | | | |
| • | , | | | | service provided in | discount for eligible | recurring (one time) \$ | in (F) is | amount for one- | \$ amount | worksheet) | Commitment \$ Request | | |
| (A minus B) | | | | nus B) | program year | recurring charges | charges | ineligible? | time charges (F minus G) | (E & H) | | (I x J) | | |
| | | | | | | (C x D) | | | | | | | | |
| | 0 0 0 | | | | 0 | 50,000 | 0 | 50,000 | 50,000 | 60% | \$30,000 | | | |

うとおいればあるとは他できるとのはなどはないと

| Billed Entity Applicant #: 131976 Applicant's Form Identifier: DMPS4710101 | | | | | | | | | | | | | | |
|---|--|---|------------------------|---------------------|--|--|---|--|---|--------------------------|---|--|-------------------|--|
| | | | | | | | · • | | | P54/101 | | | | |
| | act Person | | | | | | Phone Numb | er: 515-2 | 242-7773 | | | | _ | |
| BLC | OCK 5: Di | scount Fundin | g Reque | st(s) | | | Page 80 of 319 | | | | | | | |
| Instr numl | oer the comp | e one Block 5 pag pleted pages to as | ge for EA sure that | CH serv they are | ice (Funding all processed | Request Numb correctly. | per) for which y | you are reque | esting discounts. Ma | ake as ma | ıny copie | s of this page a | as necessary, and | |
| FRI | V # | | | | | (to be | assigned by | y administ | rator) | | | | | |
| 11 | O Telecommunications Services O Internet Access • Internal | | | | | | | | Contract Number (if "T" if tariffed service, month-to-month servi described in instruction | , "MTM" ices as | | RFP #00-48B | | |
| 12 | Form 470 | Application Nu | ımber: | | 704: | 340000296620 | | 16 | Billing Account Nu (e.g. billed telephon | umber: ne numbe | г) | N | /A | |
| 10 | 2 CDIN Comin Dun 11 | | | | | | | 17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | | | | 12/12/2000 | | |
| 13 | The state of the s | | | | | 143008724 | | | Contract Award Dat (mm/dd/yyyy) | te | İ | 01/12 | 2/2001 | |
| | Ì | | ļ | | | 10000121 | | | Service State Date (r | | | | /2001 | |
| | | | | | | | | | Service End Date (m | | y) | | /A | |
| 14 | | ovider Name | | | DaVoco | Enterprises, | Inc. | 20 | Contract Expiration (mm/dd/yyyy) | 06/30 | /2002 | | | |
| 21 | Descriptio | n of this Service: | | | | | | | of components and cos nd note number in space | | | Attachment # | USFATCH0102 | |
| 22 | Entity/Ent Service: | ities Receiving thi | is | | | | ed to one site and 4 receiving this s | | y others), list the Entity | y | 58938 - | | | |
| | | | | | service is share. | ed by all entities | on a Block 4 we | orksheet, list t | he worksheet number: | | | | | |
| 23 | Calculatio | ns | | (0.) | 3. A-1) | | | | | | | | | |
| | L | Recu | rring Ch | arges | | | Non | -Recurring | Charges | | | Total Charge | S | |
| | A | В | C | ; | D | E | F | G | Н | | i | J | K | |
| (total amount for service) \$ amount in (A) pre-discount service is ineligible? amount (A minus B) program year recurring charge (C x I | | | | | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much o the \$ amount in (F) is ineligible? | pre-discount \$ amount for one- time charges (F minus G) | \$ am (E & | discount ount & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | | |
| 0 0 0 0 | | | | | | 5,000 | 0 | 5,000 | 5,0 | 000 | 40% | \$2,000 | | |

| Billed Entit, _pplicant #: 131976 | Applica Form Identifier: DMPS4710101 |
|--------------------------------------|--------------------------------------|
| Contact Person: Greg Davis | Phone Number: 515-242-7773 |
| BLOCK 5: Discount Funding Request(s) | Page 81 of 319 |

| FR | N # | (to be assigned b | y admini | strator) | | | | |
|---------------------------------|---|---|---------------------------------------|---|--------------------------------|--|--|--|
| 11 | Category of Service (only ONE cat O Telecommunications Services | egory should be checked) O Internet Access • Internal Connections | 15 | Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | | |
| 12 Form 470 Application Number: | | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | | | |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | | |
| 13 | SPIN - Service Provider Identification Number: | 143008724 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | | |
| | | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 | | | |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A | | | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | | | |
| 21 | Description of this Service: | You MUST attach a description of the service, including relevant brand names. Label this description with an A | | | elow. Attachment # USFATCH0102 | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58952 - | | | | | | |
| | | b. If the service is shared by all entities on a Block 4 (e.g. A-1) | · · · · · · · · · · · · · · · · · · · | | | | | |
| 23 | Calculations | | | | | | | |

| | Recu | rring Charges | | | Non | -Recurring C | harges | Total Charges | | |
|---|---|--|---|--|--|--|---|--|---|--|
| A | В | С | D | E | F | G | Н | I | J | K |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0 | 0 | 0 | 0 | 0 | 7,500 | 0 | 7,500 | 7,500 | 80% | 6,000 |

| Billed Entity Applicant #: 131976 | Applicant s Form Io | dentifier: | DMPS4710101 |
|--------------------------------------|---------------------|--------------|-------------|
| Contact Person: Greg Davis | Phone Number: | 515-242-7773 | |
| BLOCK 5: Discount Funding Request(s) | | Page 82 of | 319 |

| FRI | N # | (to be assigned by | y admini | strator) | | | | | |
|-------|---|---|----------|--|-------------------------------------|--|--|--|--|
| 11 | Category of Service (only ONE cat O Telecommunications Services | egory should be checked) | 15 | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | | | |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | | | | |
| · | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | | | |
| 13 | SPIN - Service Provider Identification Number: | 143008724 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | | | |
| | , | | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 | | | | |
| | | | 19b | Service End Date (mm/dd/yyyy) | N/A. | | | | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | | | | |
| 21 | Description of this Service: | You MUST attach a description of the service, includir relevant brand names. Label this description with an A | | n of components and costs, plus any | ow. Attachment # <u>USFATCH0102</u> | | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58981 | | | | | | | |
| | | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1) | | | | | | | |
| 23 | Calculations | (| | | | | | | |

| | Recu | erring Charges | | | Nor | i-Recurring C | harges | Total Charges | | |
|---|---|--|---|--|--|--|---|--|---|--|
| A | В | C | D | E | F | G | Н | I | J | K |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is incligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0 | 0 | 0 | 0 | 0 | 7,500 | 0 | 7,500 | 7,500 | 80% | 6,000 |

| Bille | ed Entity Applicant #: 131976 | | Applicant s Form Identifier: DMPS4710101 | | | | | | | |
|--------------|---|--|--|--------|--|-------------------------------------|--|--|--|--|
| Con | tact Person: Greg Davis | | Phone Number: 515-242-7773 | | | | | | | |
| BLC | OCK 5: Discount Funding Requ | est(s) | | P | age 83of 319 | | | | | |
| Instr num | uctions: Use one Block 5 page for EA ber the completed pages to assure that | ACH service (Funding Request Num they are all processed correctly. | ber) for which you a | re req | uesting discounts. Make as many co | pies of this page as necessary, and | | | | |
| FRI | N # | (to b | e assigned by ad | mini | strator) | | | | | |
| 11 | Category of Service (only ONE cat O Telecommunications Services | egory should be checked) | | 15 | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | | | | |
| 12 | Form 470 Application Number: | 70434000029662 | | | Billing Account Number: (e.g. billed telephone number) | N/A | | | | |
| | | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | | | | |
| 13 | SPIN – Service Provider Identification Number: | 143008724 | | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | | | | |
| | | | ├ | 19a | Service State Date (mm/dd/yyyy) | 07/01/2001 | | | | |
| | | | | 19b_ | Service End Date (mm/dd/yyyy) | N/A | | | | |
| 14 | Service Provider Name | DaVoco Enterprises | , Inc. | 20 | Contract Expiration Date | 06/30/2002 | | | | |

58922 -

Attachment # USFATCH0102

Calculations

Service:

Description of this Service:

Entity/Entities Receiving this

21

22

| Recurring Charges | | | | | Non-Recurring Charges | | | Total Charges | | | |
|---|---|--|---|--|--|--|--|--|---|--|--|
| A | В | C | D | E | F | G | Н | I | J | К | |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one- time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) | |
| 0 | 0 | 0 | 0 | 0 | 5,000 | 0 | 5,000 | 5,000 | 50% | \$2,500 | |

You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

a. If the service is site-specific (provided to one site and not shared by others), list the Entity

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:

Number of the entity from Block 4 receiving this service.

(e.g. A-1)

(mm/dd/yyyy)

| Contact Person: Greg Davis | |
|---|--|
| Greg Davis | Phone Number: 515-242-7773 |
| BLOCK 5: Discount Funding Request(s) | Page 84 of 319 |
| Instructions: Use one Block 5 page for EACH service (Funding Request Nurnumber the completed pages to assure that they are all processed correctly. | mber) for which you are requesting discounts. Make as many copies of this page as necessary, and |

| FRI | N# | (to be assigned by | y admini | strator) | | |
|-----|---|--|-------------------------------|---|-------------------|--|
| 11 | Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access • Internal Connections | | | Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48B | |
| 12 | Form 470 Application Number: | 704340000296620 | 16 | Billing Account Number: (e.g. billed telephone number) | N/A | |
| | | | 17 | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) | 12/12/2000 | |
| 13 | SPIN – Service Provider Identification Number: | 143008724 | 18 | Contract Award Date (mm/dd/yyyy) | 01/12/2001 | |
| | | | 19a 19b | Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy) | 07/01/2001 N/A | |
| 14 | Service Provider Name | DaVoco Enterprises, Inc. | 20 | Contract Expiration Date (mm/dd/yyyy) | 06/30/2002 | |
| 21 | Description of this Service: | You MUST attach a description of the service, includir relevant brand names. Label this description with an A | elow. Attachment# USFATCH0102 | | | |
| 22 | Entity/Entities Receiving this Service: | a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this b. If the service is shared by all entities on a Block 4 we (e.g. A-1) | 928 - | | | |
| 23 | Calculations | 1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |

| Recurring Charges | | | | Non-Recurring Charges | | | Total Charges | | | |
|---|---|--|---|--|--|--|--|--|---|--|
| A | В | C | D | E | F | G | Н | I | J | К |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre- discount for eligible recurring charges (C x D) | Annual non- recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one- time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0 | 0 | 0 | 0 | 0 | 10,000 | 0 | 10,000 | 10,000 | 50% | \$5,000 |